

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69 800 717

FILING DATE

03/07/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1	/					51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6		/					56	/		
7		/					57	/		
8		/					58	/		
9		/					59	/		
10		/					60	/		
11		/					61	/		
12		/					62	/		
13		/					63	/		
14		/					64	/		
15		/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.							TOTAL IND.	4		
TOTAL DEP.							TOTAL DEP.	60		
TOTAL CLAIMS							TOTAL CLAIMS	64		